



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Keys to Developing Effective
Evidence Based Practices**
Community of Practice (CoP) Session #3
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How to ask a question during the webinar



You may either use the "raise your hand" button and we will open up your lines for you to ask your question to the group. (left)

OR

Type your questions into the question box and we will address your questions. (right)

**SESSION IS
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Motivational Interviews in Integrated Care Settings:

**Encouraging Recovery
among Minority
Clients at Risk for or Living with HIV/AIDS**



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Conflict of Interest Disclosure Statement

**I do not have any relevant financial
relationships with any commercial interests**

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Background on Motivational Interviewing (MI) Fosters positive change:

- Reducing health and psychosocial risk behaviors
- Enhancing intrinsic motivation for change
- Resolving ambivalence and committing to recovery
- Brief, directive, structured helper & client/consumer collaborations – promote autonomy and safety – normalize exploration of ambivalence as a part of the process



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Background on Motivational Interviewing (MI)

- Bill Miller & Stephen Rollnick - Introduced MI in early 1990s after research projects on MET (motivational enhancement therapy) alcohol use disorders found brief interventions could be more effective than long term treatment. Before that, motivation was considered a one time, yes/no characteristic, difficult change
- Influenced by Carl Rogers – Client-centered therapy and unconditional high regard for clients
- A few years later, research on MI with people with addictions in the criminal justice system showed that MI was as effective with people who were legally mandated to seek treatment, as for people in voluntary treatment (NIDA, 2006)

Rethinking Motivation Continues

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MI Outcomes

- Particularly effective treatment for people who are ambivalent about change
- In an analysis of more than 1000 studies, MI was preferred over traditional 'advising' therapy by 80%
- 70 studies that reviewed MI effectiveness found it performed significantly better in three out of four studies

(Hettema, Steele and Miller, 2005; Rubak et al., 2005)

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Interaction and Communication

Motivational interviewing is a way of interacting with clients that requires mastery of a specific set of communication skills:

- Purposive use of open-ended, scaled, and closed questioning
- Selecting techniques to reflect, reframe, affirm and confirm the information
- Learning to really listen to the client's answers
- Exploring ambivalence and discrepancies to elicit 'change talk.'

How do you get to Carnegie Hall?

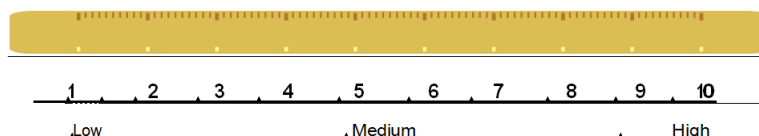


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Audience Poll: On a scale of 1-10 how ready are you to practice MI?

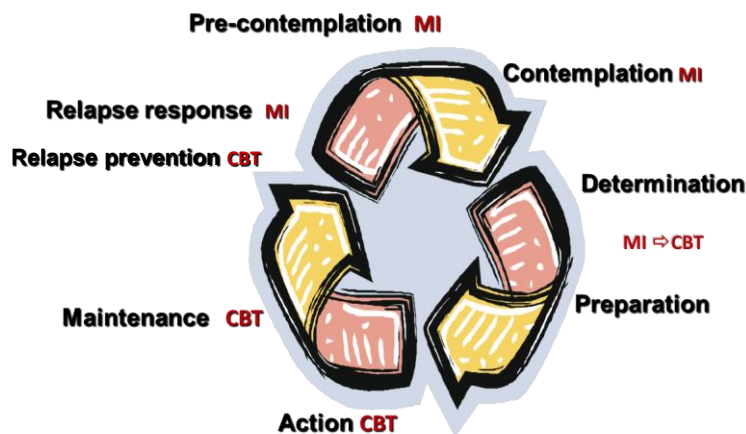
- 0-1 = Clueless, I know nothing about it and would not consider trying it.
- 2-4 = I know a little about it and maybe one day I'll want to learn more, but I am not ready.
- 5-7 = I am very interested in trying it and have an all-day training next month. I think I will be well-prepared.
- 8-10 = I am already using MI and like it a lot.

Readiness Ruler



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MI for ambivalence; **CBT** once ambivalence is resolved



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MI Research - Pertains to Minority AIDS Initiatives

- Less effective with clients already clearly committed to change and ready for action
- Works well with ethnic minority populations. Fits with Latino cultural values of respect and personalismo (Anez, Silba, Paris, & Bedregal, 2008)
- Has larger effects with African American patients than with Caucasian patients (Miller & Rose, 2009)
- MI has also been adapted specifically for Native American patients (Tomlin, Walker, Grover, Arquette, & Stewart, 2005.; Venner et al., 2007)

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Brad Shapiro at San Francisco General's Medication Assistance Treatment (MAT) Program

- Video From SAMHSA's Online Shared Decision Making Tool: *Decisions in Recovery: Treatment for Opioid Use Disorder*

https://www.youtube.com/watch?v=snTf8hmmhP8&index=2&list=PLBXgZMI_zqfSqdsrsxPufCnSuTmuxECaX



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HIV/AIDS Services – Ways MI is Used

- Adopting consistent condom use and modifying high risk sexual behavior
- Modifying use of tobacco, alcohol, and illicit drugs
- Including a Syringe Services Program
- Wellness, exercising regularly, eating foods high in nutrients
- Taking antiretroviral therapy (ART) and other medications as prescribed and keeping regular appointments with care providers

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Conflicting Data: from 2 meta-analyses HIV/AIDS Services and MI

Data

- Naar-King, S., Parsons, J.T. and Johnson, A.M. (2012). Motivational interviewing targeting risk reduction for people with HIV: a systematic review. [Curr HIV/AIDS Rep.](#) 2012 Dec; 9(4):335-43
- Gus Cairns (2011) Motivational interviewing, widely used counseling technique, may not work well for sexual behavior change. [Behaviour Change Interventions.](#)
- Kidorf, M., Disney, E., King, K., Kolodner, K., Beilenson, P. and Brooner, K. (2005). Challenges in motivating treatment enrollment in community syringe exchange participants. [JUrban Health.](#) 2005 Sep; 82(3): 456–467.

Discussion

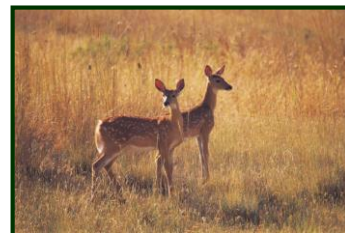
- **Suggests MI can change high-risk sexual behavior, but not substance use behaviors**
- **Only significant modification was reduced alcohol use; sexual behaviors not responsive**
- **Studies on use of MI for risk reduction show promise, but one encounter is not enough to facilitate modifying sexual behaviors – yes or no**



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Five Strategies of MI

1. **Develop Discrepancy**
2. **Express Empathy**
3. **Avoid Argumentation**
4. **Roll with “Resistance”**
5. **Support Self-Efficacy**



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Strategies are Matched to the Stage of Readiness for Change

- Can be determined through questioning during an interview
- May be assessed using one of several instruments available (see handouts: [URICA](#))
- Motivational Enhancement Therapy (MET) assesses readiness for change and builds motivation through the assessment process

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Target Behaviors: Recycling, Smoking Cessation, Exercise, Safer Sex, Harm Reduction Measures to prevent overdose or HIV transmission

NON-DOER					DOER & ADVOCATE
Unaware	Contemplative	Preparing/ Making Decisions	Trying	Maintaining Behavior	
<i>I don't know anything about it. I don't intend to change.</i>	<i>I know about it and I'm thinking about trying it.</i>	<i>I've decided that I'm prepared to give it a try.</i>	<i>I've tried it a few times—sometimes successfully, sometimes not.</i>	<i>I try to do it all of the time. The more I do it, the easier it is and the more it becomes a regular habit and normal part of my life/work. This change has been so important, I advocate for other people to do the same.</i>	

Adapted from J.O. Prochaska and C.C. DiClemente, 1986

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Skills to Master: Reflection

- Genuine, empathic, appropriate, varied, often complex
 - Verifies and confirms the intended meaning, “Do I have that right?”
 - Reframes historical negative information in positive, forward terms
 - Clarifies pro’s and con’s and explores ambivalence and options

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Examples of types of reflections

- **Double-sided** – “So you want check out some AA meetings, but you have a lot of anxiety about walking in by yourself and its kept you away so far. How do you think you might handle that?”
- **Emotional** – “Sounds like you’re frustrated and exhausted by your attempts to get your license re-instated.”
- **Discrepancy** – “I know you feel very strongly about not using drugs in front of your children the way your parents did, but this week it sounds like it wasn’t possible for you to follow through with that. How will you make sure it goes better this week?”

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Skills to Master: Questions

- **Open-ended questions:** prompts, practice and back up questions
- **Closed questions:** to verify and affirm
- **Scaled questions:** to locate stages of readiness and develop discrepancies.
- **Permissions:** respectful of choice, “Do you want some feedback?”

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Goals

- MI techniques are based on self-perception theory:
people commit to actions with a verbal stance
- “Change talk” is a critical milestone. MI counselors do not aspire to educate or provide a rationale for making a change
- MI outcomes are aimed at eliciting the rationale from the client, for making the change. People, literally, talk themselves into changing

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Outcomes

- Change talk
- Resolving ambivalence
- Increasing desire
- Enhance belief in one's ability to make the change
- Increasing intrinsic motivation, which predicts action; motivation sustains change...
- Before we take questions, I want to thank each of you and let you know how highly I value and respect the work you do!

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Q&A

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Resources

- Motivational Interviewing-Based HIV Risk Reduction: Best Evidence-CDC. Compendium of Evidence-based Interventions and Best Practices for HIV Prevention: https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/r/cdc-hiv-motivational_interviewing_hiv_rr_best_rr.pdf
- Cook, P. F., Corwin, M. A. & Bradley-Springer, Motivational Interviewing and HIV: Reducing Risk, Inspiring Change August 2013. Mountain Planes AETC: http://www.mpaetc.org/MPAETC/media/MPAETC/Product%20Downloads/motiv_interview.pdf
- Target Center – Tools for the Ryan White Community , MI Training - Module 5 of Engaging Hard to Reach Populations - January 2013. Author: IHIP HRSA HIV/AIDS Bureau: <https://careacttarget.org/library/module-5-innovative-models-care-motivational-interviewing>
- Motivational Interviewing Network of Trainers (MINT), <http://www.motivationalinterviewing.org/> This web site provides resources for those seeking information on Motivational Interviewing.

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Additional Questions

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Additional Comments?

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Slides for today's CoP are available on the CIHS website at:

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice>

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